



MHSPHP

Military Health System Population Health Portal



Monthly Metrics Forum February 2014

Appropriate Testing for Children With Pharyngitis

And

Appropriate Treatment for Children With Upper Respiratory Infection

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- Appropriate testing for children with Pharyngitis
- Appropriate treatment for children with Upper Respiratory Infection
- Other Metrics major specification changes for 2014



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Measurement Year

- Both measures look at a rolling 12 month period that ends 6 months prior to the metrics date
- Examples:
 - Metrics for 31 Dec 2013 look at episodes of care from 1 July 2012 – 30 Jun 2013
 - Metrics for 31 Oct 2013 look at episodes of care from 1 May 2012-30 Apr 2013



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APPROPRIATE TESTING FOR CHILDREN WITH PHARYNGITIS

Appropriate Testing for Children with Pharyngitis

Applied filters: None





Appropriate Testing Definition

- In the 12 month measurement period, the percentage of children 2–18 years of age who were diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test by 3 days after the encounter. A higher rate represents better performance (i.e., appropriate testing).



MHS HEDIS
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HEDIS Percentile Benchmarks

Year	10th	25th	50th	75th	90th
for 2014	65.41	75.21	82.51	88.65	92.28
for 2013	67.26	76.12	82.03	87.5	92.08



- Children age 2-18 who had an Outpatient or Emergency Department (ED) encounter in the last year for pharyngitis and were dispensed antibiotic medications on or up to 3 days after this episode of care date
- Patient must be continuously enrolled from 30 days prior to Episode date through 3 days after episode date



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Denominator Exclusions

- Excludes encounters with any additional diagnoses
- Excludes patients who received antibiotics in the last 30 days
- Excludes patients who received antibiotics more than 30 days prior, but the script was still active on episode date
- Only patient's earliest episode in measurement year counts



- 2 years old by start date of measurement year
- Less than 19 by last date of measurement year
- So, if they child had an episode of care when they were 18 , but turned 19 prior to the end of the measurement year, none of their episodes of care will be included



Qualifying encounters

Description	CPT/E&M Codes
	99201-99205, 99211-99215, 99217-99220, 99241-99245, 99382-99385, 99341-99345, 99392-99395, 99401-99404, 99411, 99412, 99420, 99429
Emergency Dept	99281-99285 (*Do not include ED visits that result in an inpatient admission)

Description	ICD-9-CM Diagnosis
	462
Acute tonsillitis	463
	034.0



- Of the denominator patients, the patients who had a streptococcus test in the 7 day period from 3 days prior to the episode through 3 days after

CPT Codes
87070, 87071, 87081, 87430, 87650-87652, 87880

- Also pull by lab test name in CHCS



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Patient list

- Will be a historical list that is not actionable, similar to Appropriate imaging with Low Back Pain



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Children with Pharyngitis Metric Summary

- Only includes 2-18 yr olds' outpatient/ED encounters with just 1 diagnosis AND had Antibiotics dispensed within 3 days after
- Compliance=patient has strep test
- Excludes kids already on antibiotics
- Only child's first visit in the 12 month measurement period will count
- To improve: provider education on proper coding and treatment. Ensure coding compliance of testing.



Top Performing DMISs

Appropriate Testing for Children with Pharyngitis

Applied filters: Rows OCT2013, Eligible greater than or equal to 30

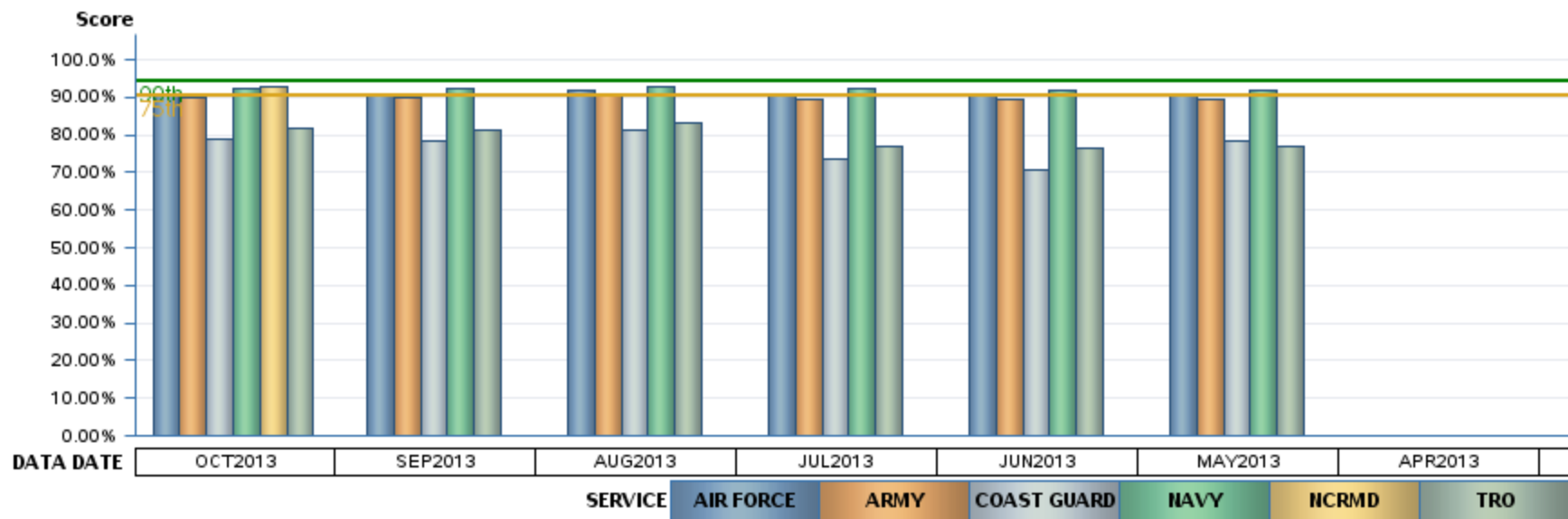
DATA DATE			OCT2013		
SERVICE	COMMAND	DMIS	Eligible	Valid	Score
NAVY	NAVMED_E	0306 INST: ANNAPOLIS	68	67	98.53%
ARMY	ERMC	0611 INST: VICENZA	36	35	97.22%
		1124 INST: SCHWEINFURT	30	29	96.67%
NAVY	NAVMED_E	0100 INST: NAVAL HLTH CL NEW ENGLAND (NHCNE)	59	57	96.61%
ARMY	NRMC	0069 INST: FT. MEADE	303	285	94.06%
AIR FORCE	AFMC	0119 INST: HILL AFB	195	183	93.85%
NAVY	NAVMED_W	6215 INST: SAN DIEGO	32	30	93.75%
AIR FORCE	AETC	0004 INST: MAXWELL AFB	140	131	93.57%
ARMY	NRMC	0390 INST: JOINT (AN) BASE MYER- HENDERSON HALL	77	72	93.51%
NAVY	NAVMED_E	6221 INST: CHESAPEAKE	344	321	93.31%
	ERMC	0607 INST: LANDSTUHL	67	62	92.54%



APPROPRIATE TREATMENT FOR CHILDREN WITH UPPER RESPIRATORY INFECTION

Appropriate Testing for Children with URI

Applied filters: None





- In the 12 month measurement period, the percentage of children 3 months–18 years of age who were given a diagnosis of upper respiratory infection (URI) and were NOT dispensed an antibiotic prescription on or 3 days after the visit.



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CRITICAL UNDERSTANDING

- The calculation of this measure is reported as an inverted rate $[1 - (\text{numerator}/\text{eligible population})]$
- A higher rate indicates appropriate treatment of children with URI (i.e., the proportion for whom antibiotics *were not* prescribed).



MHS HEDIS
Military Health System Population Health Portal

HEDIS Percentile Benchmarks

Year	10th	25th	50th	75th	90th
for 2014	72.54	80.25	85.47	90.51	94.32
for 2013	72.03	79.87	85.34	90.18	94.22



- Children age 3 months-18yo who had an Outpatient or ED encounter in the last year for URI
- Patient must be continuously enrolled from 30 days prior to Episode date through 3 days after episode date



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Denominator Exclusions

- Excludes encounters with any additional diagnoses
- Exclude encounters where patient had a competing diagnosis on or 3 days after the episode date
- Excludes patients who received antibiotics in the last 30 days
- Excludes patients who received antibiotics more than 30 days prior, but the script was still active on episode date
- Only patient's earliest episode in measurement year counts



- 3 months old by start date of measurement year
- Less than 19 by last date of measurement year
- So, if they child had an episode of care when they were 18 , but turned 19 prior to the end of the measurement year, none of their episodes of care will be included



Qualifying encounters

Description	CPT/E&M Codes
	99201-99205, 99211-99215, 99217-99220, 99241-99245, 99382-99385, 99341-99345, 99392-99395, 99401-99404, 99411, 99412, 99420, 99429
Emergency Dept	99281-99285 (*Do not include ED visits that result in an inpatient admission)

Description	ICD-9-CM Diagnosis
	460
URI	465

Description	ICD-9-CM Diagnosis
Intestinal infections	001-009
Pertussis	033
Bacterial infection unspecified	041.9
Lyme disease and other arthropod-borne diseases	088
Otitis media	382
Acute sinusitis	461
Acute pharyngitis	034.0, 462
Acute tonsillitis	463
Chronic sinusitis	473
Infections of the pharynx, larynx, tonsils, adenoids	464.1-464.3, 474, 478.21-478.24, 478.29, 478.71, 478.79, 478.9
Prostatitis	601
Cellulitis, mastoiditis, other bone infections	383, 681, 682, 730
Acute lymphadenitis	683
Impetigo	684
Skin staph infections	686
Pneumonia	481- 486
Gonococcal infections and venereal diseases	098, 099, V01.6, V02.7, V02.8
Syphilis	090-097
Chlamydia	078.88, 079.88, 079.98
Inflammatory diseases (female reproductive organs)	131, 614-616
Infections of the kidney	590
Cystitis or UTI	595, 599.0
Acne	706.0, 706.1



- Of the denominator patients, identify the patients who were dispensed an antibiotic on the episode date or in the 3 days after
- Metric is an inverse calculation with higher score is better:

$$1 - (\text{numerator/denominator}) = \text{score}$$



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Patient list

- Will be a historical list that is not actionable, similar to Appropriate imaging with Low Back Pain



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Children with URI Treatment Metric Summary

- Only includes 3 months-18 yr olds' outpatient/ED encounters with just 1 diagnosis
- Compliance= NO Antibiotics prescribed on episode date or the 3 days after
- Excludes patients already on antibiotics
- Excludes if competing diagnosis w/in 3 days after
- Counts only child's 1st episode in measurement year
- To improve: provider education on proper coding and treatment

Appropriate Treatment for Children with Upper Respiratory Infection (URI)

Applied filters: Rows OCT2013.Elitable greater than or equal to 30

DATA DATE			OCT2013		
SERVICE	COMMAND	DMIS	Eligible	Valid	Score
AIR FORCE	USAFE	0629 INST: LAJES FLD	48	48	100.0%
ARMY	PRMC	0610 INST: CAMP ZAMA	87	87	100.0%
		8903 INST: PYONGTAEK	129	129	100.0%
TRO	TAO PACIFIC	7914 INST: REMOTE 14 (PACIFIC)	54	54	100.0%
AIR FORCE	PACAF	0639 INST: MISAWA	180	179	99.44%
	ACC	0053 INST: MOUNTAIN HOME AFB	280	278	99.29%
NAVY	NAVMED_E	0617 INST: NAPLES	234	232	99.15%
AIR FORCE	USAFE	0805 INST: SPANGDAHLEM AB	271	268	98.89%
ARMY	ERMC	1019 INST: HOHENFELS/AMBERG	178	176	98.88%
AIR FORCE	USAFE	0814 INST: RAF ALCONBURY	83	82	98.80%
	NAVMED_E	0618 INST: ROTA	83	82	98.80%
NAVY	NAVMED_W	0409 INST: NAVAL MEDICAL CENTER SAN DIEGO	249	246	98.80%
AIR FORCE	PACAF	0638 INST: OSAN AB	79	78	98.73%
ARMY	ERMC	1016 INST: GRAFENWOEHR	316	312	98.73%
NAVY	NAVMED_W	0620 INST: JOINT (NF) RGN MARIANAS GUAM-ANDRSN	315	311	98.73%
AIR FORCE	USAFE	0799 INST: GEILENKIRCHEN AB	74	73	98.65%

Top DMIS Performers

ARMY	ERMC	0808 INST: AVIANO AB	216	213	98.61%
		0611 INST: VICENZA	283	279	98.59%
AIR FORCE	AETC	0097 INST: ALTUS AFB	186	183	98.39%
	USAFE	0633 INST: RAF LAKENHEATH	607	597	98.35%
NAVY	NAVMED_W	0871 INST: JOINT (NF) RGN MARIANAS GUAM-ANDRSN	60	59	98.33%
AIR FORCE	AFMC	0083 INST: KIRTLAND AFB	178	175	98.31%
	PACAF	0640 INST: YOKOTA AB	170	167	98.24%
ARMY	ERMC	1126 INST: BAUMHOLDER	56	55	98.21%
AIR FORCE	AMC	0128 INST: FAIRCHILD AFB	314	308	98.09%
	NAVMED_W	0285 INST: KANEOHE	509	499	98.04%
NAVY	NAVMED_E	0624 INST: NAS SIGONELLA	92	90	97.83%
	NAVMED_W	0621 INST: OKINAWA	548	535	97.63%
	ERMC	0614 INST: SHAPE	122	119	97.54%
ARMY	WRMC	0125 INST: JOINT (AF) BASE LEWIS-MCCHORD	2,073	2,018	97.35%
NAVY	NAVMED_W	0029 INST: SAN DIEGO	1,230	1,197	97.32%
AIR FORCE	PACAF	0287 INST: JOINT (NF) BASE PEARL HARBOR-HICKAM	518	504	97.30%
NAVY	NAVMED_W	0232 INST: SAN DIEGO	296	288	97.30%
ARMY	ERMC	0607 INST: LANDSTUHL	387	376	97.16%
NAVY	NAVMED_E	0321 INST: PORTSMOUTH	104	101	97.12%
		0806 INST: RAMSTEIN AB	587	570	97.10%
AIR FORCE	USAFE	0653 INST: RAF CROUGHTON	32	31	96.88%
NAVY	NAVMED_W	0127 INST: OAK HARBOR	710	687	96.76%
ARMY	WRMC	7293 INST: FT. CARSON	246	238	96.75%



Significant 2014 HEDIS changes

- Cervical Cancer Screening
 - Women over 30 can have pap + HPV on same date every 5 yrs or pap every 3yrs
- Breast Cancer Screening
 - Age group 52-74 with mammo
 - Metric looks for mammo in last 27 months not 24
- Asthma changes how to count inhaler medication dispensing events
 - All inhaled meds dispensed on same date count as single dispensing event
 - 2013 counted each inhaler as a dispensing event
 - 4 dispensing events is a criteria that could place patient in denominator
 - **Impact should be fewer non-asthmatics on metric/lists**

Antidepressant Medication Management 2014 changes

2013

- Same ICD9 codes
- Start with Earliest dx in 12 month identification period (IP)
- Initial Dispensing occur within 30 before to 14 days after initial dx
- Must have at least 1 er, 1 inpt or 2 outpt major depression dx in 12mon IP
- Negative med history of 90 days prior to 1st dispensing in IP
- Continuous enrollment of 90 days prior to 1st dispensing

Impact should be more accurate capture of initial dispensing event for patient (and not falsely identify as "newly treated" a patient several months into therapy who picked up refill a 1-2 weeks late)

2014

- Same diagnoses
- Start with earliest antidepressant dispensing
- DX occur within 60 days before to 60 days after 1st dispensing
- 1 outpt, er or inpt dx around 1st dispensing will suffice
- Negative med history of 105 days prior to 1st dispensing in IP
- Continuous enrollment of 105 days prior to 1st dispensing

Impact should be more accurate capture of initial dispensing event for patient (and not falsely identify as "newly treated" a patient several months into therapy who picked up refill a 1-2 weeks late)

Benchmarks 2014

Health Plan Measures										
MHSPHP Data Timeperiod	2013					2014				
Percentile	10th	25th	50th	75th	90th	10th	25th	50th	75th	90th
Breast Cancer Screening	63.6	66.42	70.33	74.62	79.03	63.04	65.78	70.15	74.76	78.67
Cervical Cancer Screening	69.9	74.37	77.13	79.6	82.92	69.19	72.89	75.68	78.55	81.94
Colorectal Cancer Screening	49.88	55.99	63.29	68.86	73.72	50.85	56.93	64.15	69.82	75
Comprehensive Diabetes Care										
Hemoglobin A1c (HbA1c testing)	85.51	87.57	90.33	92.88	94.69	85.64	87.59	90.54	92.88	94.92
LDL-C screening	80.05	83	85.42	88.14	90.88	79.74	82.75	85.69	88.32	91.01
LDL-C control <100 mg/dL	38.19	43.95	47.93	53	58.39	36.9	44.13	48.59	53.03	59.12
HbA1c <=9.0%	60.67	67.67	73.5	78.47	81.82	60.67	66.43	73.18	78.72	81.82
HbA1c Control <8%	51.04	57.41	62.77	67.64	70.8	50.94	57.38	62.63	67.4	71.43
<7% for a selected population	33.86	38.21	43.22	47.69	49.76	35.27	40.09	44.1	47.81	51.32
Use of Appropriate Medications for People with Asthma	88.89	90.91	92.31	93.87	95.24	87.5	90.06	91.36	93.01	94.55
Chlamydia Screening in Women	31.96	37.31	43.9	50.59	60.32	32.86	37.61	43.58	51.32	61.08
Cholesterol Management for Patients with Cardiovascular Conditions										
LDL-C screening	82.24	85.9	88.78	90.91	93.79	83.68	86.32	88.78	90.91	92.98
LDL-C is controlled (<100mg/dL)	47.75	55.16	60.8	67.53	73.06	46.95	54.74	60.98	66.91	73.06
Antidepressant Medication Management										
Effective Acute Phase Treatment	57.86	61.14	65.38	70.04	73.43	60.49	64.37	68.88	73.72	78.32
Effective Continuation Phase Treatment	41.07	44.18	49.09	54.05	57.75	44.03	48.56	52.96	58.36	62.65
Mental Health Follow-up After Hospitalization										
in 7 days	41.62	50.79	59.46	69.01	76.21	39.39	48.77	58.9	68.96	75.44
in 30 days	61.62	71.47	77.72	84.29	89.21	61.95	70.31	78.02	84.21	88
Well Child Visits <15 months (six or more well-child visits)	64.53	71.88	80.6	85.53	90.59	65.25	73.11	81.34	85.99	91.29
Appropriate Testing for Children With Pharyngitis						65.41	75.21	82.51	88.65	92.28
Appropriate Treatment for Children With Upper Respiratory Infection						72.54	80.25	85.47	90.51	94.32

LBP 2013 Benchmarks: 90th = 82.21% 75th = 79.15% 2014: 90th = 82.73% 75th = 79.66%



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- Next month:
- 2014 updates
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